
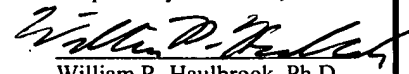


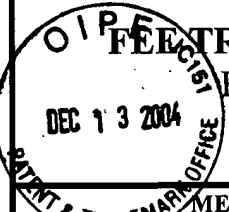
|   |   |  |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
|---|---|--|-------------------------------------|-------------------------------|-----------|--------------------------|--------------------------------|----|--------------------------|----------------------------------|----|--------------------------|---------------------------------|----|--------------------------|---------------------------------|----|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |   | Attorney Docket Number<br>MIT-051CN2   |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
|    | In re Application of Zilles <i>et al.</i> |  |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
|   | Application Serial No. 10/055,565         |  |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
|   | Filed: October 26, 2001                   |  |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
|   | Group Art Unit: 2173                      | Examiner: N. Pillai  |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows<br/>(check time period desired)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 70%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 20%; text-align: right;">\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: <u>\$60.00</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</p> <p><input checked="" type="checkbox"/> Return receipt postcard enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.<br/> <input type="checkbox"/> applicant.<br/> <input type="checkbox"/> attorney or agent of record.<br/> <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/> Registration number if acting under 37 CFR 1.34(a). <u>53,002</u>.</p> |   |  | <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ 120.00 | <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))             | \$ 120.00  |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))            | \$   |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))          | \$   |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))           | \$   |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))           | \$   |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
| <b>CORRESPONDENCE ADDRESS</b>   |   | <b>SIGNATURE BLOCK</b>   |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |
| Direct all correspondence to: Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100   |   | Respectfully submitted,<br><br>William R. Haulbrook, Ph.D.<br>Attorney for the Applicants<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110 |                                     |                               |           |                          |                                |    |                          |                                  |    |                          |                                 |    |                          |                                 |    |

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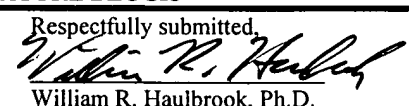
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|   |  |                           |                      |
|---|--|---------------------------|----------------------|
|  |  | Complete if Known         |                      |
|   |  | Application Serial Number | 10/055,565           |
|   |  | Filing Date               | October 26, 2001     |
|   |  | First Named Inventor      | Zilles <i>et al.</i> |
|   |  | Group Art Unit            | 2173                 |
|   |  | Examiner Name             | N. Pillai            |
|   |  | Attorney Docket No.       | MIT-051CN2           |

| METHOD OF PAYMENT   | FEE CALCULATION (continued)  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
|---|--|--|-----------------------|-----------------|--------------------|-----|-----|-------------------------------------|--|-----|------------------|--|-----|--|-----|---------------------------|-------------------|-------|-------|------------------------------------|--|-----|-----------------|--|-------|---|-----|---|--------------|--------------|------|--|--------------|--------|-----|---|--|--------------------|-------|--|--------------|-----|--|------------------|--|-----|------------|--|--|------|-----|--------------------------|------------------------|-----|-----|---------------------------------------|--|--------------|-----|--|--|------|-------------------------------|---|---------------|------|----------|--|---|-----|--------------|---|--------|-----|-----|--|--|--|-----|---|--|---------------|--------|-----------------------------------|--|---------------------|------|------------------------|--|---------------------|--|------|--------------|--|--|--|------|--|--------------|--|------|-------|--------------|--|--|--|--------------|--|--|--|--------------|--|--|--|-------|--|------|-------|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other<br><br>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit.<br>3. <input checked="" type="checkbox"/> Applicant claims small entity status.  | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>120</td><td>60</td><td>Extension for reply within first month</td><td>60.00</td></tr> <tr><td>450</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1020</td><td>510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1590</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>2160</td><td>1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>500</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>500</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1000</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>400</td><td>400</td><td>Petitions to the Commissioner (Gp. I)</td><td></td></tr> <tr><td>200</td><td>200</td><td>Petitions to the Commissioner (Gp. II)</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner (Gp. III)</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>790</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>790</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td>130</td><td>65</td><td>Submission of Terminal Disclaimer</td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> </tbody> </table> | Large Entity Fee (\$)  | Small Entity Fee (\$) | Fee Description | Fee Paid           | 130 | 65  | Surcharge - late filing fee or oath |  | 50  | 25               | Surcharge - late provisional filing fee or cover sheet |     | 130  | 130 | Non-English specification |                   | 2,520 | 2,520 | Request for ex parte reexamination |  | 120 | 60              | Extension for reply within first month | 60.00 | 450   | 225 | Extension for reply within second month |              | 1020         | 510  | Extension for reply within third month |              | 1590   | 795 | Extension for reply within fourth month |  | 2160               | 1080  | Extension for reply within fifth month |              | 500 | 250  | Notice of Appeal |  | 500 | 250        | Filing a brief in support of an appeal |  | 1000 | 500 | Request for oral hearing |                        | 400 | 400 | Petitions to the Commissioner (Gp. I) |  | 200          | 200 | Petitions to the Commissioner (Gp. II) |  | 130  | 130                           | Petitions to the Commissioner (Gp. III) |               | 180  | 180      | Submission of Information Disclosure Statement |   | 790 | 395          | Filing a submission after final rejection (37 CFR 1.129(a)) |        | 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 100  | 100 | Certificate of Correction for applicant's error |  | 130           | 65     | Submission of Terminal Disclaimer |  | Other fee (Specify) |      |                        |  | Other fee (Specify) |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| Large Entity Fee (\$)   | Small Entity Fee (\$)  | Fee Description  | Fee Paid              |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 130   | 65   | Surcharge - late filing fee or oath                            |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 50  | 25   | Surcharge - late provisional filing fee or cover sheet         |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 130   | 130  | Non-English specification                                      |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 2,520   | 2,520  | Request for ex parte reexamination                             |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 120   | 60   | Extension for reply within first month                         | 60.00                 |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 450   | 225  | Extension for reply within second month                        |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 1020  | 510  | Extension for reply within third month                         |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 1590  | 795  | Extension for reply within fourth month                        |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 2160  | 1080   | Extension for reply within fifth month                         |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 500   | 250  | Notice of Appeal   |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 500   | 250  | Filing a brief in support of an appeal                         |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 1000  | 500  | Request for oral hearing                                       |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 400   | 400  | Petitions to the Commissioner (Gp. I)                          |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 200   | 200  | Petitions to the Commissioner (Gp. II)                         |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 130   | 130  | Petitions to the Commissioner (Gp. III)                        |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 180   | 180  | Submission of Information Disclosure Statement                 |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 790   | 395  | Filing a submission after final rejection (37 CFR 1.129(a))    |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 790   | 395  | For each additional invention to be examined (37 CFR 1.129(b)) |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 100   | 100  | Certificate of Correction for applicant's error                |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 130   | 65   | Submission of Terminal Disclaimer                              |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| Other fee (Specify)   |  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| Other fee (Specify)   |  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| <b>FEE CALCULATION</b><br><b>1. FILING/SEARCH/EXAM/SIZE FEES</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>300</td><td>Utility filing fee</td><td></td></tr> <tr><td>500</td><td>Utility search fee</td><td></td></tr> <tr><td>200</td><td>Utility exam fee</td><td></td></tr> <tr><td>250</td><td>Utility size fee (each add'l 50 pgs. over 100)</td><td></td></tr> <tr><td>200</td><td>Design filing fee</td><td></td></tr> <tr><td>100</td><td>Design search fee</td><td></td></tr> <tr><td>130</td><td>Design exam fee</td><td></td></tr> <tr><td>250</td><td>Design size fee (each add'l 50 pgs. over 100)</td><td></td></tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td></td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td></td> <td>x \$200.00 =</td> <td></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Multiple Dependent Claim(s), if any             </td> <td>\$360.00 =</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </tbody> </table><br><b>2. AMENDMENT CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 200.00 =</td> <td></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> First Presentation of Multiple Dep. Claim             </td> <td>+ \$ 360.00 =</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> </tr> </tbody> </table> | Large Entity Fee (\$)  | Fee Description  | Fee Paid              | 300             | Utility filing fee |     | 500 | Utility search fee                  |  | 200 | Utility exam fee |  | 250 | Utility size fee (each add'l 50 pgs. over 100) |     | 200                       | Design filing fee |       | 100   | Design search fee                  |  | 130 | Design exam fee |  | 250   | Design size fee (each add'l 50 pgs. over 100) |     |   | Number Filed | Number Extra | Rate | Amount                                 | Total Claims | - 20 = |     | x \$ 50.00 =                            |  | Independent Claims | - 3 = |  | x \$200.00 = |     | <input type="checkbox"/> Multiple Dependent Claim(s), if any |                  |  |     | \$360.00 = | TOTAL:                                 |  |      |     |                          | SMALL ENTITY DISCOUNT: |     |     |                                       |  | SUBTOTAL (1) |     |  |  | (\$) | Claims Remaining After Amend. | Highest No. Previously Paid For         | Present Extra | Rate | Fee Paid | Total  | - | =   | x \$ 50.00 = |   | Indep. | -   | =   | x \$ 200.00 =  |  | <input type="checkbox"/> First Presentation of Multiple Dep. Claim |     |   |  | + \$ 360.00 = | TOTAL: |                                   |  |                     | (\$) | SMALL ENTITY DISCOUNT: |  |                     |  | (\$) | SUBTOTAL (2) |  |  |  | (\$) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (3)</td> <td>(\$)</td> <td>60.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1)</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (2)</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (3)</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL</td> <td>(\$)</td> <td>60.00</td> </tr> </table> | SUBTOTAL (3) |  | (\$) | 60.00 | SUBTOTAL (1) |  |  |  | SUBTOTAL (2) |  |  |  | SUBTOTAL (3) |  |  |  | TOTAL |  | (\$) | 60.00 |
| Large Entity Fee (\$)   | Fee Description  | Fee Paid   |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 300   | Utility filing fee   |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 500   | Utility search fee   |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 200   | Utility exam fee   |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 250   | Utility size fee (each add'l 50 pgs. over 100)   |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 200   | Design filing fee  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 100   | Design search fee  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 130   | Design exam fee  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| 250   | Design size fee (each add'l 50 pgs. over 100)  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
|   | Number Filed   | Number Extra   | Rate                  | Amount          |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| Total Claims  | - 20 =   |  | x \$ 50.00 =          |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| Independent Claims  | - 3 =  |  | x \$200.00 =          |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any  |  |  |                       | \$360.00 =      |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| TOTAL:  |  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| SMALL ENTITY DISCOUNT:  |  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| SUBTOTAL (1)  |  |  |                       | (\$)            |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| Claims Remaining After Amend.   | Highest No. Previously Paid For  | Present Extra  | Rate                  | Fee Paid        |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| Total   | -  | =  | x \$ 50.00 =          |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| Indep.  | -  | =  | x \$ 200.00 =         |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim  |  |  |                       | + \$ 360.00 =   |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| TOTAL:  |  |  |                       | (\$)            |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| SMALL ENTITY DISCOUNT:  |  |  |                       | (\$)            |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| SUBTOTAL (2)  |  |  |                       | (\$)            |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| SUBTOTAL (3)  |  | (\$)   | 60.00                 |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| SUBTOTAL (1)  |  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| SUBTOTAL (2)  |  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| SUBTOTAL (3)  |  |  |                       |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |
| TOTAL   |  | (\$)   | 60.00                 |                 |                    |     |     |                                     |  |     |                  |  |     |  |     |                           |                   |       |       |                                    |  |     |                 |  |       |   |     |   |              |              |      |  |              |        |     |   |  |                    |       |  |              |     |  |                  |  |     |            |  |  |      |     |                          |                        |     |     |                                       |  |              |     |  |  |      |                               |   |               |      |          |  |   |     |              |   |        |     |     |  |  |  |     |   |  |               |        |                                   |  |                     |      |                        |  |                     |  |      |              |  |  |  |      |  |              |  |      |       |              |  |  |  |              |  |  |  |              |  |  |  |       |  |      |       |

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